

## HISTORY FACILITY PROFILE

ST GEORGE CARE AND REHAB CTR PROVIDER #: 465064 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 1032 EAST 100 SOUTH PHONE NUMBER: (435) 628-0488 TOTAL: 159  
 ST GEORGE UT 84770 PARTICIPATION DATE: 03/12/1977 CERTIFIED: 159 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/15/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 159	
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TOTAL:	110	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	28	SUSPENSION RESCINDED:	--	----	-----
MEDICAID:	58			159	
OTHER:	24				

## CURRENT SURVEY REVISIT DATES - 09/23/2002

PRIOR 3 SURVEY 05/1999	S/S CODE	PRIOR 2 SURVEY 07/2000	S/S CODE	PRIOR 1 SURVEY 10/2001	S/S CODE	CURRENT SURVEY 08/15/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
						X C	E	09/13/2002	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
						X C	K	09/13/2002	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	E								REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE
X	E								REQ F0241-DIGNITY
						X C	E	09/13/2002	REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
						X C	E	09/13/2002	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	E	09/13/2002	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	D	09/13/2002	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	E					X C	D	09/13/2002	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X C	D	09/13/2002	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	D								REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
						X C	D	09/13/2002	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
X	E								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X		E					REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
						X C	K	09/13/2002	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
						X C	K	09/13/2002	REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

## EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 02/1999	85 EXIST PRIOR 2 SURVEY 06/2000	85 EXIST PRIOR 1 SURVEY 10/2001	85 EXIST CURRENT SURVEY 08/14/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X		X C	09/25/2002	K0018-CORRIDOR DOORS
	X		X C	09/25/2002	K0050-FIRE DRILLS
X	X	X	X C	09/25/2002	K0056-AUTOMATIC SPRINKLER SYSTEM
		X	X C	09/25/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0070-SPACE HEATERS
		X			K0076-MEDICAL GAS SYSTEM
X	X				K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	11	0	1	6
HEALTH TOTAL	11	0	1	6
LIFE SAFETY CODE	4	3	4	3
LIFE SAFETY CODE + HEALTH	15	3	5	9

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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03/21/2001	UNSUBSTANTIATED
02/13/2002	UNSUBSTANTIATED
05/22/2002	SUBSTANTIATED
08/15/2002	SUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT